## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address  22434 7590 02/15/2007  BEYER WEAVER LLP P.O. BOX 70250 OAKLAND, CA 94612-0250					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.			
05/18/2007 FHETEKI2 00000024 10623486					Mary Terr	У		(Depositor's name)
01 FC:1501 1400.00 DP 02 FC:1504 300.00 DP					The state of the s			(Signature)
03 FC:8001 30.00		00 OP			May 15.)2	007	0	(Date)
APPLICATION NO.	FILING DATE		1	FIRST NAMED INVEN	TOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/623,486 TITLE OF INVENTION: P	07/18/2003 REDICTING HEPAT	OTOXICITY USI	NG CE	Larry C. Mattheak LL BASED ASSAY:			CYTOP135	4545
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DU	E	PUBLICATION FEE	DUE PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$0		\$1700	05/15/2007
EXAMINER		ART UNIT		CLASS-SUBCLASS				
LILLING, HERBERT J		1657		435-003000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			mer	(1) the names of user agents OR, alter (2) the name of a registered attorney 2 registered patent listed, no name wi	of a single firm (having as a member a mey or agent) and the names of up to tent attorneys or agents. If no name is e will be printed.			
(A) NAME OF ASSIGN  Cytokinetics	an assignee is identi 137 CFR 3.11. Comp EE 5, Inc.	fied below, no ass letion of this form	ignee o	lata will appear on t a substitute for filing (B) RESIDENCE: (C South	he patent. If an assign g an assignment. CITY and STATE OR G San Francisc	COUNT $\infty$ , C	TRY)	locument has been filed for
Please check the appropriate assignee category or categories (will not be property of the prop				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0388 (enclose an extra copy of this form).				
a. Applicant claims Si			7.	b. Applicant is no	longer claiming SMA	LL EN	ΓΙΤΥ status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if requ ords of the United Stat	ired) will not be ac es Patent and Trad	cented	from anyone other th	an the applicant; a reg	istered a	attorney or agent; or the	he assignee or other party in
Authorized Signature	July	4. lu		-			5, 2007	
Typed or printed name	Jeffrey/K.	Weaver			Registration 1			
This collection of informatic an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduc	plication form to the for reducing this burnia 22313-1450. DO 1450.	USPTO. Time wilden, should be sen NOT SEND FEES	l vary of t to the S OR C	depending upon the i Chief Information O OMPLETED FORM	s estimated to take 12 individual case. Any confficer, U.S. Patent and S TO THIS ADDRESS	minutes omment Traden S. SENI	s to complete, includir s on the amount of the nark Office, U.S. Dep D TO: Commissioner	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

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